## DISCLOSURE OF OWNERSHIP/PRINCIPALS

			COLOCOIN	<b>.</b> —	OI OVVIV		IF/FRINCIP	ALU		
Business Entity Typ	oe (Please select	one)								
Sole Proprietorship	Partnership		Limited Liability npany	1	Corporation	Trust	Non-Profit Organization		Other	
Business Designati	on Group (Please	e sele	ect all that apply)	)				Г		
MBE	□WBE		SBE	_	PBE		VET	[	DVET	□ESB
Minority Business Enterprise  Women-Owned Business Enterprise			Small Business Enterprise		Physically Cha Business Ente		Veteran Owned Business		isabled Veteran Iwned Business	Emerging Small Business
Number of Clark County Nevada Residents Employed:										
Corporate/Business	s Entity Name:	Vena Solutions USA Inc.								
Corporate/Business Entity Name: (Include d.b.a., if applicable)		Vena Solutions								
Street Address:	piloubio	1971 Western Avenue, #1125				Website: www.venasolutions.com				
City, State and Zip Code:			Albany, NY 12203				POC Name: Joel Maves  Email: jmaves@venacorp.com			
Telephone No:		416 207 1770					Fax No:			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			habrodha qili gelilili ili izlibari					
Nevada Local Stree (If different from ab		None.					Website:			
							Landen			
City, State and Zip Code:							Local Fax No:  Local POC Name:			
Local Telephone No	<b>:</b>						Email:			
Entities include all business associations organized under or governed close corporations, foreign corporations, limited liability companies, part									d blicly Traded	
Vena Solutions Inc no individ			vidual <u>paren</u>			e n i	t 100%			6
owns more than 5% of e			either company				·			
company										
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?  Yes No  1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?  Yes No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)  2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District										
full-time employee(s), or appointed/elected official(s)?  Yes Vo (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)										
I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.										
ι .	Silfillan				Peter G	ilfill.	an			
Signature Print Name										
Chief Sales Officer 1/25/2024										
Title					Date 1				<u> </u>	

## **DISCLOSURE OF RELATIONSHIP**

List any disclosures below: (Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT					
N.A	AND OOD TITLE	EIN EOTEE/OFFIOIAL	DEI ARTINERI					
* County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.  "Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.  "To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:  • Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)  • Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)								
For County Use Only:								
If any Disclosure of Relationship is noted above, please complete the following:								
Yes No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?  Yes No Is the County employee(s) noted above involved in any way with the business in performance of the contract?								
Notes/Comments:								
Signature								
Print Name Authorized Department Representa	tive							